

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		
O.I.P.E. CLASSIFIER			3-25-02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	3	
2	✓	2	
3	✓	4	
4	✓	17	
5	✓	8	
6	✓	11	
7	✓	21	
8	✓	03	
9	✓	04	
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35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	3	
52	✓	4	
53	✓	17	
54	✓	8	
55	✓	11	
56	✓	21	
57	✓	03	
58	✓	04	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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